

**NEBRASKA DEPARTMENT OF
 HEALTH AND HUMAN SERVICES
 RADIOLOGICAL HEALTH
 X-RAY PROGRAM**

For Department Use Only

Registr. No. _____

State _____ Co. _____

Region _____

APPLICATION FOR REGISTRATION OF RADIATION GENERATING EQUIPMENT

Instructions: Type or Print except where indicated. Retain one copy for your files and submit original application to: Nebraska Dept. of Health and Human Services, Radiological Health, 301 Centennial Mall South, P O Box 95026, Lincoln, NE 68509-5026.

1.a Legal Name and Street address of Applicant (Institution, Firm, Person, etc.)

Applicant Name: _____
 Address: _____

 City, State Zip: _____
 Telephone #: _____
 FAX #: _____
 eMail Address: _____

1.b Street address(es) at which Radiation Generating Equipment will be used. (If different than 1.a)

(1) Permanent Address: _____

 City, State Zip: _____
 (2) Temporary Job Sites Throughout Nebraska? ☐ Yes ☐ No

2. Billing Information

Address(if different than 1.a):

 Person to Contact: _____
 Telephone #: _____

3. Radiation Safety Officer (RSO) (See 180 NAC 2-004.02, or 21-007.01B)

 Title: _____
 Telephone #: _____

4. Type of Practice (see Instruction Sheet) _____

5. RADIATION GENERATING EQUIPMENT (USE ADDITIONAL SHEETS IF NECESSARY)

List each machine on a separate line.

Type	# Tubes	Control Manufacturer	Control. Model No.	Control. Serial No.	Date Installed	Date Manufactured	Control Room #

6. I do hereby accept the responsibility of radiation safety officer.

Type or print name of Radiation Safety Officer from item 3.

Signature of Radiation Safety Officer

Date

7. CITIZENSHIP ATTESTATION

- ☐ It is not necessary to complete the Attestation part of this application below if the application is for a corporation or other separate legal entity. **Explain why:** (For example: This application is for a corporation, partnership, etc.) _____
OR
- ☐ If the entity is owned by an individual, complete the United States Citizenship Attestation Form below.

UNITED STATES CITIZENSHIP ATTESTATION FORM

For the purpose of complying with Neb. Rev Stat. §§. 4-108 through 4-114, I attest as follows:

- ☐ I am a citizen of the United States OR
- ☐ I am a qualified alien under the Federal Immigration and Nationality Act, my Immigration status and alien number are as follows: _____ and I am providing a copy of my USCIS documentation.

I hereby attest that my response and the information provided on this form and any related application for public benefits are true, complete and accurate and I understand that this information may be used to verify my lawful presence in the United States.

Name (type or print first, middle, last)

Signature

Date

8. CERTIFICATION**(This Item must be completed by applicant.)**

The applicant and any official executing this document on behalf of the applicant named in Item 1.a., certify that this application is prepared in conformity with the Nebraska Department of Health and Human Services,, Title 180, Regulations for Control of Radiation and that all information contained herein, including any supplements attached hereto, is true and correct to the best of our knowledge.

Applicant Name from Item 1.a.

By:

Signature of certifying official authorized to act on behalf of applicant

Date:

Print Name and Title of certifying official

Your Application will not be processed without items 6., 7., and 8. being completed.